



**The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists**  
*Excellence in Women's Health*



# RANZCOG AMC Accreditation

## Progress Report 2021

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Progress Report to the Specialist Education Accreditation Committee from the  
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

April 2021

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# Australian Medical Council Limited

Specialist Education Accreditation Committee

## Progress reports by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

The AMC seeks progress reports from accredited specialist medical colleges to satisfy this monitoring requirement. These reports ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

## Progress reports procedures

The Specialist Education Accreditation Committee considers progress reports in the following way:

- AMC staff seek commentary on the progress report from an experienced AMC reviewer.
- AMC staff may ask the college to clarify information in the progress report at the request of the reviewer.
- The Progress Reports Sub Committee of the Specialist Education Accreditation Committee considers the progress reports and the commentaries on them.
- The sub committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The AMC needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the report overall and the provider's response to any conditions on the accreditation.
- The AMC makes one of the following decisions:
  - 1 the report indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
  - 2 further information is necessary to make a decision, or
  - 3 the provider and program may be at risk of not satisfying the accreditation standards.
- After the AMC has made its decision, AMC staff send the AMC's findings and feedback on the report to the provider including:
  - Whether standards are met/substantially met or not met
  - Conditions which are satisfied and do not need to be addressed again.
  - Any questions concerning the report or supplementary information required
  - Any issues that the provider should address in the next report.
- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the AMC

*Unsatisfactory Progress Procedures.* Providers are also advised if any major changes require assessment via correspondence and/or site visit.

The progress report should contain **brief summary** information. As a guide, a report of no more than approximately of 30 pages overall is preferred. Lengthy reports on all the changes in the training and continuing professional development programs are not required. Please provide the report electronically.

In preparing the progress report, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. The Medical Council of New Zealand *Additional criteria for Assessment of Specialist Medical Training and Recertification Programmes* can be found on the Council's website [here](#). The progress report is also provided to the Medical Council of New Zealand to be considered by its Education Committee. The Medical Council of New Zealand will separately advise the College of the outcomes of the Education Committee's consideration.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015* are available on the AMC's website [here](#).

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2019* are available on the AMC's website [here](#).

## Monitoring COVID-19 developments in 2021

In 2021, the AMC will continue to monitor the changes made by education providers to their training and education programs in response to COVID-19. The College is asked provide updates on any developments and changes made in each of the standards.

## Guidance on how to provide the requested information

### Section A: Report against the standards and accreditation conditions

The following should be addressed for each standard:

1. Significant developments undertaken or planned since the last report.
2. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards are rated as 'substantially met'
3. Statistics and annual updates

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

#### 1. Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs, and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned and resources under each standard.

- Provide a brief summary of the developments, including the rationale.
- Indicate if the college's development plans, as described at the time of the most recent AMC assessment have changed over the reporting period.
- For colleges with multiple training programs, please indicate which training programs are covered by the planned or implemented developments. If policy and process varies from program to program, please ensure that significant variations are explained.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

The AMC may have requested the College provide an update on a development reported in the College's 2020 progress report. If so, it will be included in this section.

## **2. Statistics and annual updates**

Please provide annual data and/or an annual update under the relevant accreditation standard on:

### Standard 1

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions.
- Any changes to College Governance Chart or Conflict of Interest

### Standard 5

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held

### Standard 6

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- College activities in relation to Medical Training Survey (MTS) results.  
*The MTS was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (Ahpra). The MTS will be run each year to get feedback from doctors in training in Australia to:*
  - *better understand the quality of medical training in Australia*
  - *identify how best to improve medical training in Australia, and*
  - *recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.*

*Further information on the MTS can be found [here](#).*

*The AMC has previously signalled to colleges that we will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.*

*Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.*

### Standard 7

- The number of trainees entering each college training program, including basic and advanced training
- The number of trainees who completed training in each program
- The number of trainees withdrawing from each program
- The number of trainees undertaking each college training program
- Any changes to the selection into training policy/procedure

### Standard 8

- A summary of accreditation activities including sites visited, sites / posts accredited, at risk of losing accreditation or not accredited.

### Standard 9

- The number and proportion of college fellows participating in the college's continuing professional development programs and the number and proportion satisfying college CPD requirements.

#### Standard 10

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process

The data should reflect both Australian and New Zealand activity for bi-national training programs. Data provided to the Medical Training Review Panel may be included if up-to-date.

### **Further Information**

Information on New Zealand specific requirements can be found here:  
<http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

Please contact Karen Rocca, Manager, Accreditation Projects and Process Development via email [karen.rocca@amc.org.au](mailto:karen.rocca@amc.org.au) if you have any questions about progress reports.

## Report Template

This report due is **Monday 22 March 2021**

### College Details

**Please correct or update these details if necessary:**

College Name: Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Address: College House, 254–260 Albert Street, East Melbourne, Victoria 3002
Date of last AMC accreditation decision: 2019 (via comprehensive report)
Periodic reports since last AMC decision: nil
Reaccreditation due: by 31 March 2024 (2023 accreditation assessment)

### To be completed by College:

Officer at College to contact concerning the report: Mr Stephen White, Head of Curriculum, Evaluation and Accreditation
Telephone number: 03 9412 2985
Email: <a href="mailto:swhite@ranzcog.edu.au">swhite@ranzcog.edu.au</a>

### Verify report reviewed

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.

Verified by:	Ms Vase Jovanoska
Signature:	
Date:	

(Chief Executive Officer/executive officer responsible for the program)

## Summary of 2019 Findings

Standard	2019 Findings	No. of Conditions remaining
<b>Overall</b>	<b>Met</b>	<b>0</b>
1. The context of education and training	Met	
2. The outcomes of specialist training and education	Met	
3. The specialist medical training and education framework	Met	
4. Teaching and learning methods	Met	
5. Assessment of learning	Met	
6. Monitoring and evaluation	Met	
7. Issues relating to trainees	Met	
8. Implementing the training program – delivery of educational resources	Met	
9. Continuing professional development, further training and remediation	Met	
10. Assessment of specialist international medical graduates	Met	

## Section A: Report against the standards and accreditation conditions

### Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

#### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 1.

<p>Has there been any significant developments made against this standard?</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 1a. Changes to RANZCOG's educational governance

In 2019 a review of all RANZCOG Board committees was undertaken in line with the establishment of the new Council and to relieve the RANZCOG Board of some more specific duties relating to different functions of the college: for example, education. This resulted in a delegation of some decision-making to the highest-level committee within education, the Education Strategy Committee chaired by Professor Ian Symonds as a RANZCOG Board Director.

In 2020, RANZCOG has evolved education governance to:

- Refocus the Education Strategy Committee and expands its functions as the renamed Education Standards Committee, approved in November 2020.
- Evolve committees, advisory and working groups to more effectively support both strategic developments over a longer period (such as the curriculum review), and for more operational developments over shorter periods (such as the development of new courses and resources).
- Clarify reporting lines and align all education and training committees to reports through the Education Standards Committee rather than directly to RANZCOG Board.

These changes are reflected in the revised Committees Chart provided.

#### 1b. Changes to RANZCOG's Constitution

The RANZCOG Constitution was amended and approved at the Annual General Meeting in November 2020 to encourage member participation in College governance, and increase gender equity and diversity across RANZCOG's Board, Council and Council Committees, by revising the terms of office for the President, Board, Council and Council Committees from a three-year term to a two-year term.

#### 1c. Indigenous representation in governance

In keeping with RANZCOG's recognition of the Indigenous peoples of Australia and New Zealand and commitment to Te Tiriti o Waitangi, RANZCOG members passed a special resolution at the

2020 Annual General Meeting to establish new Aboriginal and Torres Strait Islander and Māori positions on RANZCOG's Council:

- A permanent voting position on Council is established for the Chair of the Aboriginal and Torres Strait Islander Women's Health Committee.
- A permanent voting position on Council is established for the Chair of He Hono Wāhine.
- In addition, one of the three New Zealand elected positions on Council will become a voting position for a Māori Fellow who will be elected by Māori Fellows.

#### **1d. Changes to reconsideration, reviews and appeals processes**

The RANZCOG Regulations A2 *Appeals Procedures* were revised in November 2020 to include a new Review process step and to provide additional clarification for individuals of Review and Appeals processes:

- Regulation A2.4.5 *Review Procedures*:
  - includes an additional process step to assist individuals who submit a Request for Review, that any additional information received by the Review Committee (from the Chair of the committee making the original decision or otherwise) shall be provided to the individual for their further written submission to the Review Committee before a final decision is made.
  - clarifies that an individual does not have the right to attend any meetings of the Review Committee or to make any oral submissions to it, either personally or through any other party.
- New Regulation A2.4.6 *Review Procedures* provides additional clarification that all proceedings shall remain confidential, save for information relating to decisions distributed as outlined in the Regulations.
- Regulation A2.4.8 *Review Procedures* provides clarification of the content of the outcome document provided to an individual, stating that it will be confined to a list of all persons present, an index of the documentation presented and report of the review recommendation, including reasons for decision.
- New Regulation A2.9.13.4 *Appeal Proceedings* provides clarification regarding transcripts of an appeal hearing.

#### **1e. Interaction with the health sector**

- RANZCOG has recently completed the development of the Australian clinical practice guideline for the diagnosis and management of endometriosis; and a corresponding Technical report, which has been submitted to the Department of Health.
- During the reporting period, the College made 177 submissions to external stakeholders.
- The College continues to engage with a wide range of external and government organisations and stakeholders in the health sector (see [Appendix 1](#)).
- RANZCOG has also partnered with the Pacific Society for Reproductive Health (PSRH) to develop a guide on COVID-19 and pregnancy in resource-limited environments and has joined the National Rural Health Alliance as a member body.
- RANZCOG is currently undertaking development of a new Reconciliation Action Plan which will focus on building respectful relationships between the College and Aboriginal and Torres Strait Islander communities and organisations, and continuing work to ensure that the obstetrics and gynaecological workforce in Australia is culturally competent and culturally safe.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to training resources such as administrative/technical staff and educational expertise.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## 1f. Changes in response to COVID-19

Changes were made to the RANZCOG Regulations throughout 2020 in response to COVID-19 and also to training program requirements:

- New Regulations for all training programs were approved in April 2020:
  - that the time period of the COVID-19 global pandemic be regarded as exceptional circumstances
  - that rules pertaining to the RANZCOG Training Programs may be interpreted to extend dates and requirements fixed by Regulations by which all trainees must complete a training or assessment task and submit training documentation.
- RANZCOG was able to convert selection interviews, examinations, assessments, SIMG interviews, accreditation visits and other formal activities to an online format during 2020. Few activities have been deferred and where requirements for training and CPD have been relaxed, 2021 will see many COVID-19 formats continuing. Trainees have been progressed from basic training to advanced training where all requirements have been met except for completion of examinations to ensure no disadvantage. RANZCOG has increased the frequency of oral examinations in the online format in 2021 to endeavour to remove backlogs from 2020. It is anticipated that all those who were unable to be examined in 2020 due to COVID-19 will be accommodated in 2021.
- Some skills training and simulation education has not been possible due to the inability to congregate for specific workshops face-to-face and the complexity of establishing these online. However, scenario-based education and online interactive conferences have been possible to establish and will continue in 2021 as hybrid and face-to-face formats. Face-to-face workshops will be re-introduced as soon as COVID-19 permits.

## 2 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that have been heard in the past year, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- Please comment on the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

If required please adjust the table to suit the College training and education programs.

**Table 1: Reconsiderations 2019**

Reason for Reconsideration	No of cases	Original outcome upheld	Original outcome dismissed
SIMG assessment	5	1	4
Examinations	0	0	0
Research project	0	0	0
Training requirements	4	3	1
Selection	0	0	0
<b>TOTAL</b>	<b>9</b>	<b>4</b>	<b>5</b>

**Table 2: Reconsiderations 2020**

Reason for Reconsideration	No of cases	Original outcome upheld	Original outcome dismissed
SIMG assessment*	7	5	2
Examinations	2	2	0
Research project	0	0	0
Training requirements	4	3	1
Selection	0	0	0
<b>TOTAL</b>	<b>13</b>	<b>10</b>	<b>3</b>

**Table 3: Reviews 2019**

Reason for Review	No of cases	Original outcome upheld	Original outcome dismissed
Decision of Training Accreditation Committee re Outcome of Hospital Accreditation Report and view to upgrade the outcome of the accreditation status of the hospital	1	1	0
Decision of Education and Assessment Committee re Outcome of Reconsideration decision of unsuccessful result of FRANZCOG oral examination attempt	1	1	0
Decision of SIMG Assessment Committee re Interview Outcome being not comparable to an Australia and New Zealand-trained specialist in Obstetrics and Gynaecology	1	1	0
Decision of SIMG Assessment Committee to not award Fellowship of RANZCOG	1	1	0
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>0</b>

**Table 4: Reviews 2020**

Reason for Review	No of cases	Original outcome upheld	Original outcome dismissed
Decision of SIMG Assessment Committee regarding an individual's interview outcome being Partially Comparable to an Australian and New Zealand trained Urogynaecologist	1	1	0
Decision of the SIMG Assessment Committee concerning the initial assessment of an individual's SIMG application being not comparable to an Australian and New Zealand - trained Specialist in Obstetrics and Gynaecology	1	1	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>

**Table 5: Appeals 2019**

Reason for Appeal	No of cases	Original outcome upheld	Original outcome dismissed
Decision of ESC + RPL Working Group re granting of 46 weeks Recognition of Prior Learning: Appellant seeks consideration for granting 92 weeks of training time	1	0	1
<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>1</b>

**Table 6: Appeals 2020**

Reason for Appeal	No of cases	Original outcome upheld	Original outcome dismissed
Decision of the SIMG Assessment Committee not to grant Fellowship of RANZCOG along with the recommendation to the Medical Board of Australia in support of Specialist Registration in a limited scope of practice in Sexual and Reproductive Health	1	0	1
Decision of the SIMG Assessment Committee regarding an individual's application for reconsideration of the interview outcome being not comparable to an Australian-trained Specialist in Obstetrics and Gynaecology	1	1	0
Decision of the Education and Assessment Committee declining an individual's Special consideration application relating to the FRANZCOG Oral Examination held on 27 October 2019	1	1	0
Decision of the SIMG Assessment Committee regarding an individual's interview outcome being partially comparable to an Australian and New Zealand trained Urogynaecologist	1	0	1
<b>TOTAL</b>	<b>4</b>	<b>2</b>	<b>2</b>

- If the College has made any changes to the following documents since the last progress report please describe the changes in the table below and attach the updated documentation to this progress report.

Policy / Procedure	Description of changes
<b>College Governance Chart</b> Revised document attached <input checked="" type="checkbox"/> No changes made <input type="checkbox"/>	As described in <a href="#">section 1a</a>
<b>Conflict of Interest</b> Revised document attached <input checked="" type="checkbox"/> No changes made <input type="checkbox"/>	The <a href="#">Conflict of Interest Policy</a> was updated in October 2020 to include reference to the new RANZCOG <a href="#">Code of Conduct</a> that outlines the standard of professional and ethical behaviour expected of our membership.

## Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 2a. Initiatives to support Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health

An application has been submitted to the Australian Department of Health for funding to support Aboriginal and Torres Strait Islander trainees. The application requests funding for:

- Development and release of a Cultural Competency Online Learning Module
- Aboriginal and Torres Strait Islander trainee scholarship
- Aboriginal and Torres Strait Islander cultural competency workshops
- Aboriginal and Torres Strait Islander Trainee Pathway – aimed at encouraging Aboriginal and Torres Strait Islander medical students to enter the FRANZCOG program, and provide support for a trainee's journey from entering the FRANZCOG program to elevation to fellowship.

RANZCOG is currently awaiting the outcome of this funding application.

In addition, the following initiatives have been put in place to support Aboriginal and Torres Strait Islander trainees:

- Video-conference interviews for Aboriginal and Torres Strait Islander applicants in the selection cycle to the FRANZCOG training program to provide support and advice for selection interviews.
- Ongoing review of the FRANZCOG and DRANZCOG curricula, including a focus on cultural competency and culturally safe healthcare for Aboriginal and Torres Strait Islander women.
- Creation and recruitment of an Aboriginal Advisory role within the College. This role will be responsible for provision of advice and support to ensure RANZCOG initiatives, training programs and services meet the needs of Aboriginal and Torres Strait Islander members, trainees and Aboriginal communities, and the establishment of broad engagement with key stakeholders in Aboriginal communities.
- Ongoing development of stakeholder relationships with Aboriginal and Torres Strait Islander organisations including the Australian Indigenous Doctors Association and Leaders in Indigenous Medical Education.
- Release of a statement on COVID-19 and Aboriginal and Torres Strait Islander populations.

A priority in New Zealand has been to develop initiatives to increase the number of Māori O&G specialists, by increasing the number of Māori trainees:

- RANZCOG sponsored Te ORA's work with young Māori doctors
- RANZCOG invited and sponsored 11 Māori medical students or PGY doctors to attend He Hono Wāhine's hui a tau at Ōwhata Marae in Rotorua.

Initiatives to support Māori trainees include:

- He Hono Wāhine's hui a tau, which brings together Māori Fellows and Trainees, in 2020 held at Ōwhata Marae in Rotorua.
- Emphasising the importance of all New Zealand Training Supervisors completing cultural competence module which is mandatory for New Zealand Trainees so that learning is supported and reinforced in the workplace.
- Creation and recruitment of a Māori Advisory role within the College. This role will be responsible for provision of advice and support to ensure RANZCOG initiatives, training programs and services meet the needs of Māori members, trainees and communities, and the establishment of broad engagement with key stakeholders in Māori health.

RANZCOG also advocates strongly for health equity and the needs of wahine and whanau Māori:

- RANZCOG's COVID-19 advice was translated into Te Reo Māori
- An equity focus is included in all advocacy for women's health
- RANZCOG prepared a submission and presented to the Māori Affairs Committee on the Inquiry into health inequities for Māori.
- RANZCOG has advocated on an ongoing basis for the introduction of HPV self testing to address inequitable outcomes for Māori women
- RANZCOG financially supported Choosing Wisely research 'Choosing Wisely means Choosing Equity 2020'

## **2b. Development of graduate outcomes statements**

As part of its current strategic curriculum and training program review project (due for completion in 2023), RANZCOG is developing, through relevant committees, revised graduate outcomes statements for all its training programs.

RANZCOG has determined to use the CanMEDS Physician Competency Framework to underpin all curricula ([see section 3a](#)). The graduate outcomes statements are being developed to ensure:

- the CanMEDS framework is adapted appropriately for each College training program
- there is sufficient future-thinking to maintain each curriculum's currency in the longer term
- they can be used as a solid foundation for full curriculum review, development and evolution
- that each College training program is clearly defined and unnecessary overlaps between programs are removed.

## **2c. Review of program outcomes**

- As part of its current strategic curriculum and training program review project, RANZCOG has established a Curriculum Advisory Group, to provide advice to the Education Standards Committee and the RANZCOG Board on the review, development and alignment of all curricula, selection strategies, and progression frameworks across and between all RANZCOG training programs.
- The Curriculum Advisory Group will review current training program pathways to Fellowship of RANZCOG, and advise of any improvements and changes that would be of benefit to the obstetrician and gynaecologist workforce, and to RANZCOG trainees, while maintaining the integrity and validity of the program.

- Consideration is being given to the introduction of Advanced Obstetrics as an additional pathway to Fellowship of RANZCOG, not only as a means of enhancing advanced training in complex obstetrics, but also to increase opportunities in advanced training for operative gynaecology.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to statement of graduate outcomes for training programs.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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## Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 3.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 3a. Curriculum review project – applying the CanMEDS Framework and a new Curriculum Structure Design

In its July 2020 meeting, RANZCOG's Education Strategy Committee (ESC; now the Education Standards Committee) approved the adoption of the CanMEDS Physician Competency Framework in its entirety for all College training programs.

RANZCOG currently uses three "domains" in curricula to define competent obstetricians and gynaecologists:

- Clinical Expertise combining medical expertise and effective communication
- Academic Abilities comprising self-learning and research abilities and the capacity to teach
- Professional Qualities encapsulating management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

Two overarching problems had been identified in using this approach:

- The three domains in place cannot facilitate a full articulation of all key roles within any College curriculum. Role attributes or requirements become homogenised and not sufficiently represented in the curriculum.
- Since there is currently no framework applied across all College curricula, there is limited vertical integration of, for example, the FRANZCOG training program curricula with the subspecialty training program curricula.

Defining roles in line with the CanMEDS Framework enables a full articulation of what is expected of a qualified practitioner and thus a comprehensive exploration of the breadth and depth of each training program. Adopting a single framework for use across all College curricula also enables their vertical integration.

The ESC also approved a new Curriculum Structure Design to be applied to all College curricula. This will address structural issues with existing curricula, and differences between them, by more clearly:

- Defining exactly what competency means and how elements of competency and learning outcomes inform competencies

- Articulating competencies as either knowledge, skill, behaviour or role-related (or a combination)
- Articulating milestones that need to be achieved at set times in training
- Detailing the requirements for each item of knowledge and each skill, how these develop and become more complex during training, and how they are taught and assessed.
- Mapping the inter-relationship between roles, skills and knowledge
- Mapping competencies of RANZCOG's curricula to CanMEDS roles.

Work will continue throughout 2021-2023 to implement the CanMEDS Framework and the approved Curriculum Structure Design across all programs.

### **3b. Medical Education Advanced Training Module**

At its November 2020 meeting, the ESC approved the implementation of a new Medical Education Advanced Training Module (ATM) for FRANZCOG advanced trainees. The ATM aims to build on the foundations of the Clinical Educator Training Program undertaken in FRANZCOG Basic Training to create a sound foundation in principles and understanding of educational theory and practice. The ATM is designed to be equivalent in exposure to a Postgraduate Certificate of Health Professional Education.

By the end of the ATM the trainee should be able to:

- Understand and apply principles of adult learning
- Apply appropriate pedagogical principles to the design and delivery of educational materials and packages
- Synthesise appropriate assessment strategies.
- Synthesise appropriate evaluation tools for educational materials and courses.
- Recognise and respond to learners in difficulty.
- Apply evidence-based clinical teaching strategies in a variety of clinical and surgical environments.
- Design and deliver simulation-based education.
- Deliver and evaluate interprofessional education.
- Demonstrate appropriate feedback strategies.
- Undertake a research project in the field of health professional education.
- Demonstrate effective leadership in education

The College is in the process of setting up an initial roll-out of the ATM with selected pilot sites.

Requests for additional information from the AMC response to the 2019 progress report:

- Reflection on feedback from the College's Trainee Committee regarding how the 3 and 6 monthly assessments could be more useful.

Please see the 2019 response for further details.

### **3c. 3- and 6-monthly assessments**

There have been considerable improvements made to both the three-monthly formative appraisal (3MA) and six-monthly summative assessments (6MA). Working with the Dean of Education and consulting with the Trainees Committee, the College continues to review and make improvements to the three- and six-monthly assessment feedback.

This includes:

- The inclusion of the additional roles of "midwife", "anaesthetist" and "other", therefore widening the scope of feedback to trainees in the "professional qualities" domain.

- Changes to the “Failure to Submit a 6MA” regulation were revised, with a change from loss of training credit to an automatic “Not Satisfactory”. This closes the loop and ensures trainees who are in difficulty are flagged for early intervention and case management. Changes to monitoring processes have been included to identify these trainees and initiate a learning development and/or trainee support plan in a timely manner.
- “Failure to meet additional requirements” regulation changed, whereby additional requirements were uncoupled from the six-monthly assessment to ensure this did not trigger an automatic “Not Satisfactory” and an associated loss of credited training time.

Six-monthly assessment survey responses are now being accessed as a routine component of accreditation processes ([see section 8e](#)).

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to the curriculum framework.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 3d. Changes to delivery

Provisions were made in response to COVID-19 for trainees to request exemptions and/or extensions to submit their 3-monthly and/or six-monthly assessments, including all procedural and additional requirements for Semester 1 2020 ([see section 7c](#)).

### MCNZ additional criteria

#### *Standard 3.2 The content of the curriculum*

#### *Additional criteria: Cultural Competence*

*The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.*

### 3e. Cultural competence

RANZCOG’s mandatory cultural competence module “Application of the Hui Process and Meihana Model to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists” continues to be run by the Māori Indigenous Health Institute of Otago University.

- In 2020, 17 trainees completed the course.
- A focus for 2020 was encouraging training supervisors to complete the course so that trainees’ learning could be reinforced by training supervisors.

Cultural competence is a key focus for the strategic curriculum review project. The development of cultural competence and cultural safety skills is being embedded in draft graduate outcomes statements for each training program ([see section 2b](#)) to ensure that these areas are strengthened when learning objectives and outcomes are reviewed.

## Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 4.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 4a. Learning resource developments

##### **Communication Skills Program (Trainees)**

In response to Trainee feedback, a revised Communication Skills Program is in development. The aim of the course is to support trainees in effective communications with colleagues, patients and their families and help identify appropriate tools/strategies to assist in the clinical work environment. Pilots of the course are scheduled for May and June 2020, one face-to-face and one online.

##### **MOTHER program (Multi-professional Obstetric Training in Hospital Emergency Response)**

A project is in progress to develop the MOTHER Program. The purpose of the MOTHER program is to create a national interprofessional maternity emergency safety framework and implementation program, specific to the Australian and New Zealand healthcare landscape. As the authoritative body in women's health RANZCOG will provide an informed approach to managing rare, but challenging, maternity emergencies within hospital settings. A pilot of the program is planned for late 2021.

##### **Mentoring Framework**

A mentoring project working group has been established to develop a RANZCOG Mentoring Framework with the key areas below for focus.

- Diplomates needing a good, strong, accessible GP mentor for support and oversight
- New fellows needing a good, strong, accessible mentor for support and oversight
- Mentors/role models for late career doctors
- Trainees facing challenges (e.g. exams, Progression Review Committee)
- SIMGs facing challenges (e.g. supervised practice, exams)

The first formal meeting of the working group is scheduled for April with a pilot planned for late 2021.

## ***Leadership Program***

Development of the Leadership Program is in progress. The aim of the program is to support advanced trainees in leadership and decision-making skills as they transition to fellowship. The program will be delivered across Australia and New Zealand. The first project meeting is scheduled for March 2021.

## ***Supervisor Foundation Training Program***

[See section 8a.](#)

## ***Respectful Workplaces Program***

The aim of the program is to provide participants with appropriate information and strategies to support the creation of a supportive and respectful workplace. The online program has been piloted using three delivery models, Hospital(s)-only (Consultants/Supervisors), Consultants-only (AU/NZ) and Trainees-only (AU/NZ). All programs have been delivered online. Feedback has been positive with increased uptake of the Operate with Respect eLearning module. Early feedback suggests that the Trainee-only program would benefit from trainees being from the same hospital. Further sessions are planned throughout 2021.

## ***The Research Toolkit***

The aim of the online Research Toolkit is to equip trainees with an understanding of the principles of evidence-based medicine, and the knowledge and insight to confidently interpret and evaluate research publications and presentations. It will also guide trainees in critically appraising the literature and towards designing, completing, and presenting their own research. A pilot webinar was held in December 2020 to launch the Toolkit and invite trainees to meet with the RANZCOG Research and Assessment Committee and ask any questions regarding research requirements. A series of further webinars is in development for 2021.

## ***Diplomates day***

A two-day professional development online event was delivered for GP Diplomates as part of the RANZCOG ASM. This program enabled GPs to attend presentations and engage in discussion and other interactive activities with O&G specialists.

## **4b. Training program developments – changes to New Zealand rotation dates**

In July 2020 New Zealand District Health Boards (DHBs) confirmed a decision to change Resident Medical Officer (RMO) rotation dates from the beginning of the 2021 training year. RANZCOG approved the alignment of the FRANZCOG training rotation dates to align with both the DHB rotation dates and Australian training dates.

- Commencement of new New Zealand trainees was delayed from 14 December to 1 February 2021.
- Current trainees were required to apply for prospective approval for training (based on their employment plans) for the seven-week gap period from 14 December to 1 February created by the change.
- Deadlines for assessments were adjusted accordingly to accommodate trainee progression.

Requests for additional information from the AMC response to the 2019 progress report:

- Provide comment regarding if there is a strategy around gynaecology procedures in public hospitals, and how it links to graduate outcomes and the accreditation of sites.

Please see the 2019 response for further details.

#### 4c. Opportunities for gynaecological training

RANZCOG stipulates that a FRANZCOG basic trainee should undertake (on average) a minimum of 23 major gynaecological procedures as primary operator every six months. RANZCOG continues to monitor the average number of procedures actually performed on a six-monthly basis, for individual hospitals, across each Integrated Training Program (trainee rotation network), and by state/territory/New Zealand.

This information is used to identify poorly-performing training sites and address the issue through accreditation mechanisms:

- RANZCOG has introduced a new Accreditation Interventions Framework for FRANZCOG training sites which enables a more agile and responsive approach to training site issues of this nature.
- In addition, the College is in the process of reviewing its Hospital Accreditation Standards with a view to strengthening criteria (and associated conditions) in relation to primary operator experiences.
- The College is intent on placing trainees at those sites best able to deliver the necessary training. Processes are being developed to enhance trainee numbers at those sites with adequate procedural training and reduce trainee numbers at those sites unable to deliver sufficient surgical training. Changes will be inevitably gradual due to the current dependence of many hospitals on current trainee numbers for critical service delivery in women's health.
- Current standards address the issue of overseas trainees on short-term training visas impacting on basic and advanced trainees' surgical experiences: this area will also undergo review and strengthening.

The College is currently drafting a Statement "Strategies to improve trainee gynaecology procedure numbers". The Statement's purpose is to:

- outline the *quid pro quo* of O&G training provision: that trainees are needed by hospitals for obstetric service delivery, but the hospital must in turn provide the necessary gynaecological surgical training
- inform hospital training sites of alternative workforce options (i.e. other than FRANZCOG trainees) that might be utilised for obstetric service delivery where there may be a need to reduce FRANZCOG trainee numbers to effect an improvement in surgical training for each trainee
- advise on appropriate working hours for FRANZCOG trainees.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### **4d. Changes to teaching and learning approaches**

Due to the COVID-19 pandemic, all face-to-face courses were delivered online which resulted in staff having to learn new skills for online facilitation and program activity delivery, e.g. use of interactive tools, such as polls and break-out rooms. Feedback from online programs has been well-received with some preferring this mode of delivery. Moving forward the College will continue to offer a hybrid model of delivery for its education programs.

The Foundation of Surgery course, a mandatory requirement for 1st year trainees, is normally a two-day event and held in skill centres across Australia (New Zealand deliver it as part of their Trainee Orientation day). Due to capacity restrictions at venues, we have now reduced this course to one day, with didactic content available online. The didactic content was presented by Fellows as a series of live webinars and recorded. Trainees can now access the recordings and then complete a series of MCQs to test their knowledge and understanding.

## Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 5.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 5a. Examination developments (including COVID approaches)

##### **Review of the FRANZCOG Written Examination**

In 2020, a Written Examination Review Group (WERG) was established to review the FRANZCOG Written Examination (a combination of both Short Answer Questions (SAQs) and Multiple-Choice Questions (MCQs)). This review focused on the examination pass rate to make recommendations as required, with consideration to the following:

- Method of standard setting
- Selection of Examiners to participate in standard setting
- Minimum Acceptable Passing Standard (MAPS) candidate being replaced by a Borderline candidate
- Feedback to examination candidates

Following an extensive review, the WERG proposed a number of recommendations to the Education and Assessment Committee (EAC) that were approved and implemented for the FRANZCOG Written Examination in the second cycle of 2020. The following significant recommendations were approved and effective from September 2020 for written examinations:

THAT:

- the FRANZCOG Written Examination use the Modified Angoff methodology for standard setting.
- the Borderline definition of a candidate performance be used when applying the Modified Angoff methodology.
- In utilising the Borderline definition, standard setters will be instructed to conceptualise what a Borderline candidate "would" know, rather than "should" know.
- a group of examiners (minimum 6), preferably 12 or more, be identified and trained to undertake the standard setting process for the FRANZCOG Written Examinations using the Modified Angoff methodology based on a borderline candidate. This standard setting process was successfully implemented for the 2020 FRANZCOG short answer question examination and will also be adopted for the FRANZCOG MCQ examinations from 2021.
- the feedback to candidates for FRANZCOG Written Examination be expanded to enable targeted feedback to candidates after their first attempt at the FRANZCOG Written Examination. This can be a combination of written and or verbal feedback as deemed appropriate.

The implementation of the WERG recommendations resulted in training workshops for examiners to introduce the concept of a Borderline candidate performance using the Modified Angoff standard setting process.

Transitioning from a MAPS candidate to identifying a Borderline candidate resulted in a higher pass rate for candidates.

### ***Delivery of examinations***

COVID-19 affected the timing, locations, and form of delivery for RANZCOG examinations in 2020. All RANZCOG examinations were delayed from February 2020; however, after rescheduling, RANZCOG successfully offered 17 out of 19\* planned written and oral examinations in 2020. The following changes were made to accommodate the impact for all examinations post February in 2020.

\* One examination was not required as no candidates were registered to sit that subspecialty oral examination

- **Timing:**

- All examinations planned post-February in 2020 were rescheduled to the second half of the year.
- The FRANZCOG and Subspecialty written examinations were transferred from July to September / October 2020.
- The FRANZCOG oral examinations were transferred from May and October to December 2020 whereas the Subspecialty oral examinations were undertaken in November 2020 as planned.

- **Delivery:**

#### Written Examinations

- Candidates were offered greater flexibility in response to COVID-19 to undertake all written examinations closer to their home, to ensure candidates did not have to travel, therefore reducing the impact of travel restrictions. Additional venues were added for New Zealand candidates in Auckland and Christchurch.
- Subspecialist written examinations were also held in the capital cities where candidates were located. Previously all candidates were required to travel to Melbourne.
- RANZCOG will continue to deliver written examinations in multiple locations in 2021 to minimise the need for candidates to travel across jurisdictions.

#### Oral Examinations

- The FRANZCOG and Subspecialty oral examinations were delivered online in 2020 whereas previously they were held face-to-face in Melbourne at a hospital venue. Candidates attended an examination centre located in their capital city. Examiners were located at home or at a local location of their choice. The new delivery format limited the number of candidates that could be accommodated to sit the FRANZCOG oral examination. The Training Accreditation Committee (TAC) developed a criterion that was applied to all registered candidates to prioritise candidates for the December 2020 FRANZCOG oral examination.
- In response to meeting the demands of candidates, RANZCOG will conduct two additional oral examinations in 2021 and continue the delivery of oral examinations online in multiple locations to minimise the need for candidates to travel.

With the transition to online examinations in 2020 the College developed a mock online examination to ensure trainees were adequately prepared and supported with the new online delivery format.

## 5b. Examination feedback to trainees – developments

As outlined in [section 5a](#), the Written Examination Review Group (WERG) recommended that feedback to candidates for the FRANZCOG Written Examination be expanded to enable targeted feedback to candidates after their first attempt at the FRANZCOG Written Examination. Changes are in process to provide a combination of written and/or verbal feedback as deemed appropriate to unsuccessful candidates. Previously the Feedback policy provisioned for feedback to candidates only after a second unsuccessful examination attempt.

Video footage from oral examinations can be accessed (in accordance with the Recording of Assessments Policy) by exam coordinators to review a candidate's performance prior to preparing feedback for an unsuccessful candidate.

Creating a realistic and effective model for delivering meaningful feedback will be an ongoing task for the College in 2021.

In November 2020, RANZCOG facilitated a webinar with an educational psychologist to provide support to trainees to best manage the challenges of exam preparation. The webinar outlined skills and techniques to better prepare for examinations. Detail included feedback on common challenges experienced by examination candidates that could negatively impact their performance. The webinar was recorded and is now available on the RANZCOG website.

## 5c. Curriculum review and assessment

The review of assessment within all College training programs forms a major stream of the College's strategic curriculum review project, which will run until the end of 2023. As such, the College has established a new Assessment Advisory Group to provide advice to ESC and the RANZCOG Board on contemporary best practice assessment methods across all RANZCOG training programs.

The responsibilities of the AAG include providing advice on the following:

- Development of a program of assessment appropriate to each of the RANZCOG programs
- Ensuring the program of assessment enables progressive judgements about a trainees' preparedness for specialist practice
- Development of appropriate feedback processes to trainees on performance to guide learning, including:
  - Informing supervisors of assessment performance
  - Early identification of trainees who are not meeting outcomes and appropriate measures in response
- Development of procedures to inform employers and regulators where patient safety concerns arise in assessment
- Development of processes and measures for ongoing quality assurance of assessment methods to ensure quality, consistency and fairness of assessment methods, their educational impact and their feasibility.

Did the College postpone any examinations in 2020 that are now to be held in 2021?  <i>If yes, please provide an update below on plans and policies for organising the logistics and resources for these postponed examinations.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## 5d. Examinations – postponements and plans for 2021

Due to the COVID-19 pandemic, RANZCOG postponed several written and oral examinations and rescheduled the examinations for later in 2020. This included transitioning the face-to-face oral examination to an online format using Zoom web-conferencing technology. Transitioning to an online format resulted in a reduction in the number of candidates that could be accommodated at each examination sitting. A decision was made to continue delivering all oral examinations online in 2021 and to accommodate demand, two additional examinations for the oral FRANZCOG examination are scheduled in 2021.

In 2020 the written examinations were delivered across an increased number of venues across Australia and New Zealand, to minimise travel for candidates across jurisdictions, and this will continue in the future. The scheduling of additional examinations has required the recruitment of Examination Coordinators and additional resources to support their delivery.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet the standards.</i></p>	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## 5e. Changes to assessments

### Written Examinations

As outlined in [section 5a](#), a significant change has been made to the method and application used for standard setting for the FRANZCOG written examination. These changes will be introduced to across all RANZCOG examinations in 2021.

### Oral Examinations

The mode of the delivery of oral examinations was impacted by COVID-19. The model that RANZCOG implemented in 2020 to deliver oral examinations was created based on two underlining principles:

1. Candidates would need to have certainty that the mode of delivery would enable the examination to progress should lockdown occur in a particular location.
2. The educational integrity and format of the examination needed to be aligned as closely as possible to the existing oral examination.

RANZCOG developed an online delivery model, based on candidates attending local examination centres with examiners based at home or in a local setting. The format of the examination remained unchanged with the structure of the questions modified for an online format, maintaining integrity of the content being examined. Transitioning to an online examination required remote invigilation on each question and coordination of the station for the duration of the examination.

Following a review of the online delivery model, several changes were made to improve the content and timing of the individual examination question delivery. As detailed in [section 5d](#), the changes limited the number of candidates at each examination and necessitated the scheduling of two additional FRANZCOG oral examinations.

## 2 Statistics and annual updates

Please provide data in the table below showing:

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.
- Statistical data provided to the Medical Training Review Panel (MTRP) may be included in the College's response. However, up-to-date statistics should be provided in the progress report to the AMC. The data should reflect both Australian and New Zealand activity.

If required please adjust the table to suit the College training and education programs.

**Table 7: FRANZCOG Written Examination: candidates sitting and passing (May 2019 – December 2020)**

	2:19	1:20	2:20*	Total
<b>Candidates Sitting</b>	91	60	73	225
<b>Candidates Passing</b>	54	32	69	163
<b>% Pass</b>	59	53	95	72

\* Standard setting changes introduced 2:20

**Table 8: FRANZCOG Written Examination: pass rate by attempt (May 2019 – December 2020)**

<b>Attempt</b>	<b>Total Candidates</b>	<b>Pass</b>	<b>Fail</b>	<b>Pass Rate %</b>
<b>First</b>	158	122	36	77%
<b>Second</b>	39	24	15	61%
<b>Third</b>	17	7	10	44%
<b>Fourth</b>	7	1	6	14%
<b>Fifth</b>	3	1	2	33%

**Table 9: FRANZCOG Oral Examination: candidates sitting and passing (May 2019 – December 2020)**

	1:19	2:19	1:20	2:20	Total
<b>Candidates Sitting</b>	49	64	0	41	154
<b>Candidates Passing</b>	38	46	0	38	122
<b>% Pass</b>	78	72	-	93	81

**Table 10: FRANZCOG Oral Examination: pass rate by attempt (May 2019 – December 2020)**

Attempt	Total Candidates	Pass	Fail	Pass Rate %
First	118	96	22	81
Second	27	22	5	81
Third	6	4	2	67
Fourth	2	0	2	0
Sixth	1	0	1	0

**Table 11: Subspecialty Written Examination: candidates sitting (May 2019 – December 2020)**

	CGO	CMFM	COGU	CREI	CU
Candidates Sitting	11	10	2	10	15
Candidates Passing	8	8	1	10	5
% Pass	73	80	50	100	33

**Table 12: CGO Written Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	7	4	11
Candidates Passing	5	3	8
% Pass	71	75	73

**Table 13: CMFM Written Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	5	5	10
Candidates Passing	4	4	8
% Pass	80	80	80

**Table 14: COGU Written Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	1	1	2
Candidates Passing	1	0	1
% Pass	100	0	50

**Table 15: CREI Written Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	6	4	10
Candidates Passing	6	4	10
% Pass	100	100	100

**Table 16: CU Written Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	4	11	15
Candidates Passing	1	4	5
% Pass	25	36	33

NB: Subspecialty candidate data for 2019 and 2020 was not broken down by attempts and passing rate so candidates were not identifiable in the examination report.

**Table 17: Subspecialty Oral Examination: candidates sitting (May 2019 – December 2020)**

	CGO	CMFM	COGU	CREI
Candidates Sitting	11	12	3	14
Candidates Passing	9	10	2	10
% Pass	82	83	67	71

**Table 18: CGO Oral Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	5	6	11
Candidates Passing	4	5	9
% Pass	80	83	82

**Table 19: CMFM Oral Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	7	5	12
Candidates Passing	6	4	10
% Pass	86	80	83

**Table 20: COGU Oral Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	3	0	3
Candidates Passing	2	0	2
% Pass	67	0	67

**Table 21: CREI Oral Examination: candidates sitting (May 2019 – December 2020)**

	2019	2020	Total
Candidates Sitting	9	5	14
Candidates Passing	7	3	10
% Pass	78	60	71

The CU subspecialty has no oral examination requirement.

NB: Subspecialty candidate data for 2019 and 2020 was not broken down by attempts and passing rate so candidates were not identifiable in the examination report.

## Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 6.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 6a. Curriculum review

The College's Curriculum Review Expert Advisory Panel (CREAP) handed down its report to the RANZCOG Board in July 2019, with the following high-level recommendations:

#### Structure

1. All RANZCOG Curricula should move to a CanMEDS model of multiple domains which will vertically integrate learning and learning outcomes.
2. Architecture will use a common language and principles of vertical integration.

#### Progression

3. The revised domains framework would base progression on demonstrating competence e.g. novice through to mastery level (expert). This introduces the concept of variable lengths of training.
4. The framework of progression will outline competencies required to reach each level.
5. The model will emphasise progression based on mastery of competencies. Demonstration of mastery of domains would be used to determine entry points and program completion (all domains mastered). Domains would also be used in a future CPD framework.
6. Progression will be through a framework that is suited to multiple career paths and incorporate the concepts of basic and advanced training.
7. Progression will include a minimum of a 6 months' rural training term before completion of program or progression into subspecialty training.

#### Assessment

8. A more progressive system that defines evidence for competencies should be a larger part of the assessment model.
9. A clear approach with supporting tools to allow emphasis on WBAs and decrease emphasis on final assessment points is required.
10. The purpose of the final examination requires exploration to consider how it can become part of the overall competency model, rather than a final 'hurdle' to fellowship.

The College has continued to address the findings of the CREAP throughout 2020, through its ongoing strategic curriculum review project. The following progress has been made:

- Approval to adopt the CanMEDS Physician Competency Framework for all College curricula ([see section 3a](#))
- Approval to adopt a standard Curriculum Structure Design Framework for all College curricula ([see section 3a](#))
- Commence development of graduate outcomes statements for each College training program ([see section 2b](#))
- Establishment of a Curriculum Advisory Group, which will oversee the onward evolution of College curricula ([see section 2c](#))
- Establishment of an Assessments Advisory Group, which will oversee the onward evolution of the College's programs of assessment ([see section 5c](#))

## **6b. Evaluation activities**

The College continues to monitor the average number of major gynaecological procedures performed by FRANZCOG basic trainees as primary operator every six months ([see section 4d](#)).

The College's Simulation Training Advisory Group collects data relating to the availability of simulation training, and the number and type of simulation activities undertaken in its training sites.

Work continues to improve analysis of responses to FRANZCOG training program six-monthly assessment surveys. 2016-2019 responses have been collated and longitudinal analysis undertaken to identify:

- Areas of the training program that require improvement. This information is used to feed into short- and long-term curriculum and training program review.
- Individual hospital training sites and Integrated Training Programs that are underperforming in their provision of suitable training experiences. This information is used to feed into accreditation activities:
  - Individual training site information is accessed and reviewed ahead of training site accreditation visits.
  - Major themes emerging from survey responses influence continuous improvement of accreditation standards.

## **6c. Training Support Unit**

While there were minor changes in staffing, reporting lines and educational offerings, the Training Support Unit (TSU) continued to offer dedicated support to trainees in all training programs, SIMGs and Training Supervisors during the COVID-19 pandemic:

- The Training Support Liaison (formerly Trainee Liaison) changed from 1.0 FTE to 0.6 FTE.
- The Training Supervisor Educator role was abolished in 2019 after the resignation of that staff member.
- RANZCOG created a 1.0 FTE new role of Wellbeing Coordinator, which was filled in January 2020. The Wellbeing Coordinator supports wellbeing of a broader cohort of College staff, trainees, SIMGs, Fellows, Diplomates and other members.
- The TSU moved from the Membership directorate to People and Wellbeing in Oct 2019, to align trainee and member support with staff wellbeing.
- In early 2020, workshop coordination moved from the TSU to the Learning and CPD team within the Education Directorate, to align with the Education Directorate's functions. In late 2020, the Learning and CPD team moved to the new Innovation, Learning and Quality Assurance Directorate.

- The Learning and CPD team now oversees the Training Supervisor, Respectful Workplaces and Thrive workshops. The team is developing and providing resources to assist Training Supervisors supporting trainees in RANZCOG's training programs.
- TSU presentations at Year 1 FRANZCOG trainee inductions now take place over Zoom.
- In addition to a dedicated TSU webpage, in 2020 RANZCOG created a 'wellbeing and support hub' webpage, containing information on the College's services and resources, adverse outcomes, having your own GP, external supports and mandatory reporting.
- Given that the Training Support Liaison is based in Perth and oral examinations take place in Melbourne and Adelaide, TSU support on oral examination days is now provided via email and phone.
- RANZCOG has extended access to its Member Support Program (Converge) to Fellows. This is in addition to trainees in all training programs, SIMGs and Training Supervisors, who were already eligible.
- RANZCOG increased the number of Converge sessions paid for by the College in any 12-month period from three sessions to four.
- RANZCOG established a Wellbeing Working Group in 2021. The group's purpose is to establish wellbeing initiatives that support trainees and members throughout their careers.

#### 6d. Accreditation Interventions Framework

The College has introduced an Accreditation Intervention Framework for FRANZCOG training sites: a hierarchy of approaches to be used in the training site accreditation space to address issues of concern raised outside of normal accreditation procedures and timeframes. Potential issues may be raised through:

- Formal complaints via the CEO office.
- Trainee feedback (most common) via a range of sources e.g. the Program Support Unit, the Training Support Unit or State/Territory/NZ Offices.
- Fellow feedback via a range of sources e.g. committees, Councillors or direct conversations with the President.

The Accreditation Intervention Framework provides a means to avoid a potentially disproportionate response such as an out-of-cycle visit to address issues that could be handled more easily and cost-effectively. Interventions include:

- Letter to individual raising an issue, requesting further information.
- Letter to training site, advising that issues have been raised, and requesting a response.
- Bring forward a training site's Progress Report, in order to address issues raised in a wider reporting framework.
- Undertake a Situational Analysis Report, comprising the information-gathering processes that usually occur before an accreditation visit.
- Instigate a virtual accreditation visit ([see section 8b](#)).
- Instigate a physical accreditation visit.

The Framework allows the College to address concerns about the quality of training and its delivery, through accreditation mechanisms, effectively and in a timely manner.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for monitoring and evaluation of curriculum content, teaching	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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<p>and learning activities, assessment, and program outcomes.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>		
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## 6e. Changes to monitoring and evaluation

COVID-19 restrictions meant that several College activities moved to an online environment for 2020, including:

- Selection interviews
- SIMG interviews
- Examinations
- Accreditation visits

RANZCOG has undertaken surveys with participants in these activities to collect feedback as to the conduct of activities online, to be used for continuous improvement of online offerings.

## 2 Statistics and annual updates

Please provide data in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

If required please adjust the table to suit the College training and education program.

Evaluation activity	Issues arising	College response to issues
Analysis of six-monthly assessment survey responses, 2016-2019	<p>The following areas were identified as particular areas for further attention:</p> <ol style="list-style-type: none"> <li>1. Access to regular teaching sessions</li> <li>2. Research opportunities</li> <li>3. Consultant feedback in clinics and ward rounds</li> <li>4. Consultant presence during gynaecology ward rounds</li> </ol>	<p>All items are highlighted to be addressed more closely during training site accreditation activities.</p> <p>Research – the College has established a new Research Curriculum Review Group to look into the College's approach to research in its training programs and make recommendations on improvements to the ESC and Board.</p>
Curriculum and training program review project		Ongoing review of all College curricula and training programs, for completion and implementation of revised versions in 2023.

- The Medical Training Survey was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (Ahpra).

The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide comment in the table below whether it has:

- Explored results with internal and external stakeholders?
- Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?

	College response
Has the College explored results with internal and external stakeholders?	Results of the 2019 Medical Training Survey were discussed with the College's Trainees Committee, Training Accreditation Committee and Education Strategy Committee, to obtain further feedback on areas of focus. Similar consultation on the 2020 survey is commencing.
Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?	<p>As with the College's own trainee survey data, major themes have been identified and are being addressed through curriculum review and accreditation improvements.</p> <p>In particular, the College is focusing its efforts on the significant issue of bullying, harassment and discrimination. The College's Code of Conduct and policy on Bullying, Harassment and Discrimination were both updated in 2020.</p> <p>The College has also developed and updated its organisational values, with the aim of improving organisational culture. These values have been incorporated in the Code of Conduct and other College policies.</p> <p>The College will also be looking at addressing these issues through strengthened accreditation mechanisms where possible, and by working with hospital training sites to inculcate appropriate workplace culture.</p>

Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

## Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

<p>Has there been any significant developments made against this standard?</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 7a. Resolution of trainee issues

The College responds to trainee concerns and issues through direct feedback from the Trainees' Committee, six monthly trainee surveys and review and evaluation of processes, guidelines, and regulations.

The following initiatives are currently in progress:

##### **Research training requirements**

In response to concerns raised with research requirements in training a "Research Curriculum Review Group" has been established to address trainee concerns and will commence in April 2021.

##### **Support to trainees experiencing difficulty**

A trainee support plan is in development together with an operational process to ensure trainees who are experiencing difficulty are identified early and a plan established to support their individual learning needs. This will ensure transparency and accountability between the trainee, training supervisor and College to coordinate, monitor and ensure timely intervention to support trainees.

##### **Training supervisor engagement**

A review is currently underway with regards to the role of the training supervisor. This includes review of the training supervisor position description, welcome information, and resources to support the training supervisors supporting our trainees across all RANZCOG training programs. This has included several engagement webinars and piloting of the Foundation of Supervisor faculty and workshops at the 2021 virtual ASM.

##### **Extended leave**

Extended leave increases from 104 weeks to 156 weeks ([see section 7c](#)).

Requests for additional information from the AMC response to the 2019 progress report:

- Please comment on how the College is advocating on behalf of its trainees at their training site, or working with training site, to ensure access to part time training and parental leave.

Please see the 2019 response for further details.

## 7b. Part-time training and parental leave

The accreditation standards for FRANZCOG training sites include the following criteria for fractional training and parental leave:

### ***Fractional Training:***

Subject to the staffing levels and the requirements of the hospital, and where approved by the Chair of the relevant State/Territory/New Zealand TAC and the hospital, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 FTE and 1.0 FTE after they have completed their first 12 months of full-time training. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.

The College has long held a preference for full-time training in the first 12 months as a FRANZCOG trainee. With approaching 85% of the trainees female, there are inevitably instances of parental leave and return to part-time training. These are currently approved through an “application for special consideration” process. Additionally, trainees who have been selected for FRANZCOG training will often defer commencement of training if they are intending to take extended leave of absence.

The College is not aware that approval of part-time training on a “special consideration” basis in the first year is a cause of hardship to trainees but prefers to continue to encourage full-time training in the first year in the interest of the trainees adapting most comfortably into FRANZCOG training.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to trainee selection procedures or the college's role in selection.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## 7c. Changes to delivery

RANZCOG made the following changes to delivery in response to COVID-19:

- Trainee selection interviews which were previously held face to face across all RANZCOG training moved to an online format using Zoom web conferencing technology, including interviews for our SIMG applications.
- Extensions were applied to training requirements impacted by the pandemic:
  - Assessments of Procedural Surgical Skills (APSSs)
  - Mandatory workshops
  - In-Hospital Clinical Assessments (IHCAAs)
  - Cultural competency education
  - Mandatory online modules
  - The research project/study
- Where possible the delivery of learning transitioned to an online webinar format.
- Awarding of research study points for trainees who presented oral or poster presentations at virtual scientific conferences.

- Online Research Toolkit Module webinar replaced the face-to-face Research Skills Workshop.
- Approval for trainees to undertake the online FSEP course.
- Deferrals for Six-Monthly Summative Assessments and exemptions for Three-Monthly Formative Appraisals in the FRANZCOG training program were applied subject to application and approval.
- Flexibility of progression in training was afforded for FRANZCOG trainees to commence Advanced Training prior to completion of Basic Training (with a six-month conditional period to complete requirements).
- Allowances for trainees rotating to rural sites and subject to mandatory quarantine periods.
- Written examinations were offered in local settings across Australia and New Zealand to minimise candidate travel during the pandemic.
- Oral examinations across all training programs were delivered online using Zoom web conferencing technology with the candidate taking the examination from home or at an examination centre located in their state/territory.
- Virtual visits were undertaken for hospital site accreditation and re-accreditation.

The above contingencies and processes were communicated in a timely manner via the COVID-19 Hub on the College website (which included frequently asked questions), as well as personal email updates to all trainees and fellows involved in supporting trainees.

RANZCOG was able to continue delivering a high standard of training and assessment through periods of lockdown and the changing global environment whilst continuing to consider the needs of trainees, supervisors, sites, and all training stakeholders.

The College was able to ensure that trainees progressed through training and at no time did RANZCOG suspend training in any program or cancel essential activities such as trainee selection or examinations. It was acknowledged that there were circumstances outside of the College's control which impacted how training and assessment could be delivered; however, mechanisms were in place to ensure that trainees were able to continue progressing towards their goal with minimal impact.

<https://ranzcof.edu.au/statements-guidelines/covid-19-statement>

### **Policy and procedural development and implementation in the FRANZCOG Training Program**

In 2020 the following improvements were developed and implemented in the FRANZCOG Training Program:

#### ***a) Extended Leave from training***

In July 2020 the RANZCOG Board approved the proposal to increase Extended Leave from the currently allowed maximum of 104 weeks (two years) to a maximum 156 weeks (three years) over all time in training program.

The increase in extended leave will provide greater flexibility for trainees to consider family planning as well as allow for unforeseen circumstances such as serious illness, carer obligations, and/or overseas opportunities outside of training.

To reduce the impact of de-skilling it was agreed that limitations be placed on the amount of extended leave able to be taken consecutively, of 104 weeks (two years) with a mandatory period of 10 weeks (FTE) prospectively approved and satisfactorily assessed training prior to any further Extended Leave.

### ***b) Trainee Support Plan and return to training***

With the increases to extended leave, a return to training “support plan” will be introduced to support trainees returning to training after a period of extended leave. This will provide the trainee and training supervisor an opportunity to discuss and tailor a return-to-work plan to suit the individual trainee.

This initiative focuses on obligating training sites to provide a program of support to the trainee returning to training following an extended period of leave.

The return to training program can be initiated by any trainee returning to training after a period of approved extended leave and is optional to ensure flexibility.

The development of a Training Support Plan (TSP) will be expanded to encompass support at any time during training. It is intended that the TSP be applicable to all RANZCOG training programs including subspecialties, certificate, and diploma programs, and our Specialist International Medical Graduates. This will be introduced in due course.

This project is currently in progress with an intention of delivery and implementation in 2021.

### ***c) Six-monthly feedback***

Feedback is an integral part of the learning and development process for a FRANZCOG trainee. Feedback is currently obtained and collated as a report via the trainee’s Six-Monthly Summative Assessment (6MA).

To enable training supervisors to collect feedback from additional sources when undertaking Six-Monthly Summative Assessments (6MAs), ‘Midwife’, ‘Anaesthetist’ and ‘Other’ will be added to the options for collection of feedback at the discretion of the training supervisor. Feedback from non-Fellow colleagues is optional and not a mandatory component of the assessment process.

The improvement has been implemented with further development being finalised to provide tailored feedback forms for non-RANZCOG members. This is scheduled for implementation in mid-2021.

### ***d) Failure to meet requirements***

Historically the penalty for failure to meet training requirements by the prescribed deadline has been loss of substantial amounts of credited training time. This is applied in two ways:

- Loss of up to six months credit – the Six-Monthly Summative Assessment incorporating the stipulated deadline time was assessed as ‘Not Satisfactory’, regardless of any other aspect of the trainee’s performance during that period.
- Ongoing loss of credit – where a trainee fails to complete a requirement by the stipulated deadline but completes the requirement in a subsequent six-month training block, no credit was given for training undertaken in that six-month block prior to the completion of the requirement. (Credit may be gained for the remainder of the six-month block where the training is assessed as ‘Satisfactory’).

To address the imbalance of loss of credit for failure to meet individual requirements, it has been approved that:

- a Six-Monthly Summative Assessment be recorded as ‘Satisfactory’ where consultant and Training Supervisor feedback meets the performance criteria for a satisfactory report, irrespective of failure to satisfactorily complete mandatory additional requirements by the deadline within the six-month period.

- training credit is not awarded for the period of the relevant satisfactory Six-Monthly Summative Assessment (up to 26 weeks) until the relevant outstanding requirement(s) is satisfactorily met.
- training credit for the time between requirement due date and completion of the requirement NOT be credited to time in training.
- upon completion of the relevant requirement, training time for the relevant satisfactory Six-Monthly Summative Assessment be credited minus the period of time between the requirement due date and completion of the requirement.

The above changes were approved in 2020 subject to operational system capability.

Development is underway to accommodate these changes with implementation expected in mid-2021.

#### **e) Vaginal Hysterectomy**

With the changing environment of obstetrics and gynaecology, some trainees were having difficulty receiving the adequate exposure and experience to meet the minimum requirements for satisfactory sign-off of the Assessment of Procedural Surgical Skills (APSS) for Vaginal Hysterectomy by the end of year four in training.

To address this matter, it was approved that:

- The criteria for satisfactory sign-off of the Vaginal Hysterectomy APSS during Basic Training be amended from 'a minimum ranking of 7 (minimal input from the assessor)' in all listed skill areas, to 'a minimum ranking of 4 (some input from the assessor) in all listed skill areas.
- A higher-level version of the vaginal hysterectomy APSS where a minimum ranking of 7 (minimal input from the assessor) be considered a mandatory component of the optional Pelvic Floor Advanced Training Module (ATM).

#### **f) Colposcopy**

As part of the FRANZCOG Curriculum, trainees' performance of key obstetric and gynaecological surgical procedures are assessed via a variety of methods. Prior to 2013, assessment of surgical skills was undertaken via Workplace Based Assessments (WBAs) and In-Hospital Clinical Assessment (IHCA) modules. With the introduction of a revised Curriculum in late 2013, all WBAs were replaced by Assessments of Procedural Surgical Skills (APSSs); however, two IHCA remained: Ultrasound and Colposcopy.

To improve efficiency and the assessment of colposcopy skills it was approved in November 2020 that the Colposcopy IHCA be terminated and replaced by a Colposcopy APSS for all trainees. Implementation of this change occurred from the start of the 2021 training year and is now in place.

## **2 Statistics and annual updates**

Please provide data in the tables below showing:

- The number of trainees, including Indigenous and Māori trainees entering the training program, including basic and advanced training
- The number of trainees, including Indigenous and Māori trainees who completed training in each program
- The number of trainees, including Indigenous and Māori trainees who exited the training program (does not include those trainees who withdrew to take an extended leave of absence)
- The number and gender of trainees undertaking each college training program

Statistical data provided to the Medical Training Review Panel (MTRP) may be included in the College's response. However, up-to-date statistics should be provided in the progress report to the AMC. The data should reflect both Australian and New Zealand activity.

If required please adjust the table to suit the College training and education program.

**Table 22: Number of Year 1 Trainees entering the FRANZCOG Training Program (2012-2021)**

Year	VIC	NSW/ ACT	QLD	SA/ NT	WA	TAS	NZ	Total
2012	23	26	19	4	5	2	17	96
2013	22	34	18	4	4	3	21	106
2014	25	31	17	4	4	3	17	101
2015	25	32	16	6	6	2	13	100
2016	27	30	16	4	6	1	10	94
2017	27	33	17	4	8	2	17	108
2018	26	33	16	4	6	4	21	110
2019	26	27	17	6	6	0	19	103
2020	27	28	16	7	8	3	21	89
2021	25	33	16	4	7	1	22	109

**Table 23: Number of Year 1 Trainees entering the FRANZCOG Training Program (2021) – Aboriginal and Torres Strait Islander**

VIC	NSW/ ACT	QLD	SA/ NT	WA	TAS	NZ	TOTAL
0	1	0	0	0	0	0	1

**Table 24: Number of Trainees completing the FRANZCOG Training Program (2012-2020)**

Year	VIC	NSW/ ACT	QLD	SA/ NT	WA	TAS	NZ	Total
2012	13	18	9	3	3	3	7	56
2013	13	19	10	3	2	2	10	59
2014	17	24	17	3	5	2	9	77
2015	26	24	17	3	6	1	12	89
2016	18	21	10	8	6	2	7	72
2017	29	17	18	5	2	2	13	86
2018	15	19	15	5	3	0	10	67
2019	20	29	20	6	6	1	20	104*
2020	19	22	8	7	9	1	10	77^

\* 2019 total includes two elevations to Fellowship by overseas trainees

^ 2020 total includes one elevation to Fellowship by an overseas trainee

**Table 25: Number of Trainees completing the FRANZCOG Training Program (2019 - 2020) – Indigenous status**

	VIC	NSW/ ACT	QLD	SA/ NT	WA	TAS	NZ	TOTAL
Aboriginal	0	0	0	0	1	0	0	1
Maori	0	0	0	0	0	0	1	1
Other	0	0	0	0	0	0	1	1

The below table contains the year level of trainees at the commencement of the 2018 regional training year. The New Zealand training year commenced in December 2017 and the Australian year commenced in February 2018. These figures are based on the data as at July 2018.

**Table 26: Number of Year 2-6+ trainees undertaking the FRANZCOG Training Program in 2021**

Year Level	VIC	NSW/ ACT	QLD	SA/ NT	WA	TAS	NZ	Overseas	Total
Year 2	29	42	18	7	8	3	25	0	132
Year 3	33	27	17	5	5	2	21	0	110
Year 4	27	34	21	6	9	7	19	0	123
Year 5	30	35	25	7	9	0	25	0	131
Year 6	23	29	14	6	3	1	11	1	89
Year 7+	5	14	7	2	3	1	11	0	43
Total	147	181	102	33	37	14	112	1	628

**Table 27: Number and gender of trainees undertaking each training program (as at Feb 2021) - FRANZCOG**

Training Program	Male	Female	Unspecified	Total
FRANZCOG	126 (17%)	612 (82%)	0	738

**Table 28: Number of Trainees entering subspecialties training (2012–2021)**

Year	CGO	CMFM	COGU	CREI	CU	Total
2011 – 2012	3	3	2	4	-	12
2012 – 2013	5	6	2	2	-	15
2013 – 2014	3	5	2	4	4	18
2014 – 2015	2	9	3	7	3	24
2015 – 2016	3	7	2	8	4	24
2016 – 2017	5	3	10	4	4	17
2017 – 2018	5	9	1	4	4	23
2018 – 2019	1	3	1	1	4	10
2019 – 2020	6	3	2	4	2	17
2020 - 2021	2	7	2	5	4	20

- Can the College please comment in the table below:
  - how it ensures that costs and requirements associated with its specialist medical program/s (e.g. examinations, pre-examination workshops, college membership) are transparent and communicated to trainees. Please also include in the comment how the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme<sup>1</sup>, and are not prohibitive for potential trainees.
  - if the College has any policies to support trainees in fee distress.
  - If there has been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

College response	
<p>RANZCOG fees are published on the college website and updated annually. The College also seeks feedback from its membership and through various RANZCOG committees to ensure we are responsive to our trainees and fellows. The College has policies in place to ensure there is a consistent approach to the consideration and granting of requests for reduction in annual training and subscription fees.</p>	
Does the College have any policies to support trainees in fee distress?	Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>In 2020 the College introduced the option of a payment plan for those trainees experiencing financial hardship. Effective 2021 discounts for part-time training and extended leave from training will be applied prospectively, therefore having a positive financial impact on the trainee. The discount was previously applied retrospectively.</p>
Changes to College fees made in reporting period	Rationale for changes
Changes to fees made <input type="checkbox"/> No changes made <input checked="" type="checkbox"/>	

### Training fees

In 2020 the College introduced initiatives to support the financial challenges trainees were experiencing with the payment of annual training fees. A fee adjustment based on time trained each year, and the option to negotiate part-payments and payment plans over time was introduced. These changes came into effect from the beginning of 2021.

<sup>1</sup> A guiding principle of the National Law requires that fees that are to be paid under the scheme be reasonable, having regard to the efficient and effective operation of the scheme. Section 4 Health Practitioner Regulation National Law.

Fees payable will be charged according to time in training in the relevant training year. The following discounts are applied for approved period(s) of Extended Leave of Absence will be prospectively applied:

- 0 weeks – 25% of the Annual Training Fee
- 1–26 weeks (FTE) – 50% of the Annual Training Fee
- 27–29 weeks (FTE) – 75% of the Annual Training Fee
- 40–52 weeks (FTE) – 100% of the Annual Training Fee

If the College has made any changes to the following documents since the last progress report, can the changes be described in the table below and the updated documentation attached to this progress report.

Policy / Procedure	Description of changes
<b>Selection into training</b>	<p><u>Situational Judgement Test (SJT)</u></p> <ul style="list-style-type: none"> <li>• Following a review and analysis of component performance in the selection process, it was found that the Situational Judgement Test was not a discriminator.</li> <li>• The impact on service provision was also considered – applicants had to take leave to undertake the test.</li> <li>• The College agreed that SJTs were not cost-effective and decided to put this component on hold (it has not been formally removed from the process). Component weightings have been adjusted for the time being, website and guidelines have been updated and are attached to this report. Future use of SJT is under review. <a href="https://ranzcoq.edu.au/training/specialist-training/applying">https://ranzcoq.edu.au/training/specialist-training/applying</a></li> </ul> <p><u>Online interviews</u></p> <ul style="list-style-type: none"> <li>• With lockdown restrictions in place due to COVID-19, holding interviews face-to-face was discounted. In April 2020, the RANZCOG Board approved interviews to be conducted via Zoom. College staff trained and guided applicants and panellists, in preparation for online interviews.</li> <li>• Feedback on the online process was requested from all participants: 91% of panellists and 80% of applicants were satisfied with the online interview format.</li> </ul> <p><u>CV scoring guidelines</u></p> <ul style="list-style-type: none"> <li>• The free text section has been refined to enable the applicant to clearly demonstrate activities in areas of leadership and/or altruism.</li> </ul>

Please note: do not fill in the above table and provide documentation if the College has previously supplied the current documentation to the AMC and **did not** make any changes to the above documentation since the last progress report.

## Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 8.

<p>Has there been any significant developments made against this standard affecting the delivery of the program? i.e. changes to arrangements for monitoring the quality of clinical training.</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 8a. Supervisor training

#### ***Supervisor Foundation Training Program***

- The online Clinical Education Training Program, mandatory for all supervisors, has been extensive reviewed. The updated modules were launched in February 2021.
- An online pilot of the new Supervisor Foundation Training Program targeted at FRANZCOG and DRANZCOG supervisors was successfully delivered online on the 11th and 12th February prior to the RANZCOG Annual Scientific Meeting. Both courses were well attended with positive feedback from participants. Each course was supported by three experienced supervisors as faculty members who also presented various topics. Further courses are scheduled with a refresher course in development. The aim of the program is to provide all supervisors with a foundation knowledge for teaching and learning strategies and how to give feedback. By the end of the session, participants will be able to:
  - Analyse case scenarios to apply learning from Clinical Education Training modules
  - Identify the roles and responsibilities of a RANZCOG/DRANZCOG Supervisor
  - Set goals with a Trainee
  - Practice using Pendleton's model of feedback
  - Identify impact of assessor on validity and reliability
  - Discuss underperformance and remediation
- Based on participant feedback from the Foundation courses, a further "refresher" course is planned that will deal with more challenging issues of supervision, e.g. dealing with the underperforming trainee. Further sessions are scheduled this year for the Foundation and Refresher program.

### 8b. Accreditation – COVID approaches

Up until 2020, physical accreditation visits to FRANZCOG training sites were undertaken by a panel comprising a Lead Fellow, trainee representative and College accreditation staff member. COVID-19 restrictions made physical accreditation visits unviable during 2020; the College successfully transitioned to online "virtual" visits for prioritised sites. The conduct of these virtual visits and their outcomes were evaluated by the College's Training Accreditation Committee in its November 2020 meeting, and deemed to be closely comparable to a physical visit.

The use of virtual visits is continuing into 2021 and beyond, both to address continuing limitations on travel due to COVID-19, but also as a component of normal processes to address remote sites with few issues (noting that rules remain in place that every training site must be visited physically at least once every two cycles i.e. eight years).

### **8c. Revised accreditation standards**

The College undertook a review of its accreditation standards for FRANZCOG training sites during 2020, with revised standards coming into effect in February 2021. Improvements to the standards included:

Additions:

1. References to the new RANZCOG Code of Conduct
2. Contingencies for Accreditation Panel membership: usual practice is for interstate panellists, but provision now made for intrastate fellows and trainee representatives in certain circumstances.
3. Increased information gathered before a visit: ITP Coordinator and Consultant surveys; responses to six-monthly assessment surveys; State/Territory/New Zealand Training Accreditation Committee input.
4. Mechanisms for extensions to accreditation (where accreditation visits are delayed)
5. Ongoing monitoring of training sites – Accreditation Interventions Framework

Amendments:

6. Clarification of approval of sites for Advanced Training
7. Changes to the administration of the Training Site Accreditation Process (p9)
8. Training Site Accreditation Visit (to incorporate virtual visits)
9. Clarification of conditions/ recommendations reporting structure
10. Improvements to individual standards relating to:
  - Ultrasound (p18)
  - Roster requirements (p25)
  - Birthing suite handover (p28)
  - Simulation training (p32)
  - Examiners (p33)

### **8d. Accreditation project/steering groups**

In 2019, the College established the Hospital Accreditation Process Review Working Group, subsequently renamed the Quality Assurance, Monitoring and Evaluation Project Group, with the objective of reviewing the regulatory and quality improvement model of accreditation to both actively support sites to meet accreditation standards and outcomes whilst improving and then maintaining training standards.

A further iteration of this group, now called the Accreditation Steering Group, has commenced work in February 2021. Its terms of reference include:

- To identify, prioritise and manage developments relating to accreditation of training sites/units, in terms of standards, policies, regulations and processes.
- To triage issues arising from State/Territory/New Zealand TACs or individual training sites/units, particularly those arising from trainees or training supervisors, and provide advice on relevant interventions.
- To review proposed schedules for accreditation visits and other activities and provide input/advice.

- To provide advice relating to RANZCOG Accreditor recruitment, oversight, training and support
- To provide advice relating to accreditation operational issues

Composition of the group is as follows:

- Executive Director, Education (Chair)
- Head of Curriculum, Evaluation and Accreditation (Deputy Chair)
- Dean of Education
- Chair, Training Accreditation Committee
- Chair, New Zealand Training Accreditation Committee
- Specialist Advisor: Accreditation
- Trainees Committee representative (Aus)
- Trainees Committee representative (NZ)
- Accreditation staff

Requests for additional information from the AMC response to the 2019 progress report:

- Please provide a comment on the Trainee Committee statement that due to issues with accessing data, trainee feedback on supervision is unable to be acted on by the College.

Please see the 2019 response for further details.

#### 8e. Trainee feedback on supervision

Feedback on trainee supervision is captured as part of the trainee six-monthly assessment survey. As part of improvements made to accreditation reporting and evaluation mechanisms in 2020, the College's accreditation team is accessing responses to these surveys:

- On an individual hospital basis ahead of accreditation visits or progress reports
- On a six-monthly basis across all training sites to identify issues arising. Issues identified at a particular training site may be addressed using the Accreditation Interventions Framework.

The accreditation team is currently working with RANZCOG's Data Analyst to improve its mechanisms to analyse survey responses and become more agile in its response to negative feedback.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program?</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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Information on New Zealand specific requirements can be found here:  
<http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

## MCNZ additional criteria

### Standard 8.2 Training sites and posts Additional criterion

The education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

#### 8f. Accreditation of New Zealand training sites

Dunedin Hospital underwent an accreditation visit in November 2019 and was awarded full accreditation for a period of four years.

Southland Hospital underwent an accreditation visit in December 2019 and was awarded full accreditation for a period of four years.

Middlemore Hospital underwent an accreditation (virtual) visit in August 2020 and was awarded provisional accreditation for a period of two years.

There are no issues with the accreditation status of any New Zealand hospital training sites for FRANZCOG.

## 2 Statistics and annual updates

Please provide data in the tables below showing:

- A summary of accreditation activities including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

If required please adjust the table to suit the College training and education program.

Site Accreditation Activities										
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Total number of sites	2	17	29	2	10	3	20	7	14	104
Number of Sites / Posts visited	0	2	7	1	1	0	3	1	3	18
Number accredited – new sites	0	0	0	1	0	0	0	0	0	1
Number accredited – reaccredited sites	0	2	7	1	1	0	3	1	3	18
Number not accredited – new sites	0	0	0	0	0	0	0	0	0	0
Number not accredited – reaccredited sites	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	1	0	0	0	1	0	0	2

## Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 9.

<p>Has there been any significant developments made against this standard affecting the delivery of the program? I.e. changes to policy or principles relating to continuing professional development.</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 9a. New CPD framework

A new RANZCOG CPD Framework has been developed that aligns with the Medical Board of Australia's (MBA) Professional Performance Framework (PPF) and the Medical Council of New Zealand's (MCNZ) Recertification Requirements (RR) that supports the strengthening of CPD programs. The Framework recognises the three core types of CPD – Educational Activities, Outcomes Measurement and Performance Review – and will guide Fellows and members to identify appropriate activities, including College roles, that can be recorded for CPD. Templates have also been updated to help document and record evidence of some activities.

To support the CPD Framework, a Definitions Guide that provides a detailed description of all the activities listed in the Framework and the RANZCOG Guide to CPD that supports Fellows and members through their CPD journey have also been developed.

The online CPD Program is currently being upgraded to a new platform that will provide easy access and improved functionality in recording CPD hours. A series of CPD support webinars is also planned for this year in readiness for the new requirements, effective July 2022.

RANZCOG is considering the 2019-2022 Triennium transitional where relevant requirements of the PPF (MBA) and RR (MCNZ) will become mandatory for the 2022-2024 Triennium.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program?</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## **9b. New CPD Education Standards and Criteria**

To improve educational rigour around the quality of programs approved for the RANZCOG CPD program, Education Standards have been developed as a guide to assist Providers in developing activities that are based on principles of adult learning and describe four key elements for quality educational design, delivery, implementation and evaluation. A new online CPD approval application process has also been implemented where Providers must provide appropriate evidence to support their application.

To help support GP Diplomates to meet their women's health requirements, RANZCOG has entered into a reciprocal agreement with the RACGP whereby educational activities approved by the RANZCOG CPD program are recognised by the RACGP CPD program.

## **9c. COVID-19 Response**

In response to the announcements by the Medical Council New Zealand (MCNZ) on 25th March 2020 and the Medical Board Australia (MBA) on 30th March 2020, the RANZCOG Board made a decision to grant Fellows and members of the College an exemption from their participation in the 2019-2022 RANZCOG CPD program effective 25th March 2020 until 28th February 2021. Fellows' CPD requirements for the remainder of the Triennium (30th June 2022) were therefore adjusted accordingly in the CPD online platform. Any CPD activities undertaken during this time could still be recorded in the CPD program.

Information on New Zealand specific requirements can be found here: <http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

## **9d. Continuing professional development (CPD) – to meet Medical Council requirements for recertification**

The New Zealand Practice Visit programme was suspended during 2020 as a result of the COVID-19 pandemic.

- The practice visit programme is recommencing in 2021.
- During the 2021 Practice Visit programme specific questions on cultural competence will be incorporated in the self-reflection process.

RANZCOG's cultural competence course "Application of the Hui Process and Meihana Model to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists" run by the Māori Indigenous Health Institute of Otago University is mandatory for RANZCOG trainees. During 2020, Te Kāhui Oranga ō Nuku encouraged all Fellows to complete the course.

11 Fellows completed the course in 2020.

## **Progress in meeting MCNZ additional criteria**

- The RANZCOG CPD Framework and Guide to CPD aligns to the Medical Council of New Zealand's (MCNZ) Recertification Requirements and progress against these minimum requirements for recertification programs is detailed below.
- RANZCOG considers the 2019-2022 Triennium transitional where relevant requirements of the PPF (MBA) and RR (MCNZ) will become mandatory for the 2022-2024 Triennium.
- The Recertification program is also available to non-RANZCOG members.

Min Requirements by 2022	Progress
1. Provide access for doctors to the accredited recertification programme and continued professional development (CPD) activities appropriate to the vocational scope of practice.	Met
2. Ensure the recertification programme includes a mix of activities across all three CPD categories: a. Reviewing and reflecting on practice. b. Measuring and improving outcomes. c. Educational activities (continuing medical education).	Met.  The RANZCO CPD Framework The RANZCOG Guide to CPD
3. Ensure cultural safety and a focus on health equity are embedded within all recertification activities.	<b>In progress.</b> The Guide to CPD Activity Approval has been updated to encourage external educational providers to submit appropriate activities for CPD approval. We are also awaiting further guidance from the MCNZ.
4. Give greater credit and recognition for activities that evidence shows are most effective and offer the greatest value for improving a doctor's practice.	<b>In progress</b> We will look to "CAP" hours for some activities next Triennium
5. Provide access to processes for doctors to undertake multisource feedback.	<b>In progress</b> The Framework will provide links to MSF resources through CPD approval
6. Provide access to processes for doctors to participate in collegial practice visits (sometimes referred to as Regular Practice Review).	<b>In progress</b> RPR is currently administered by the New Zealand office.
7. Provide guidance to doctors on structuring their annual conversation with a peer, colleague or employer, to ensure the greatest benefit is gained from this process.	<b>In progress:</b> A description of the annual conversation has been included in the CPD Guide for Fellows and scoping is currently underway to build this into the CPD program as an activity that might ask for a Declaration: eg, name of person you met with, role, date.
8. Provide a facility and template for doctors to develop and maintain a PDP.	<b>In progress</b> As above. Scoping currently underway to build this into the CPD program.
9. Have a mechanism to recognise and give credit for appropriate activities that are undertaken through other processes, such as fulfilling the requirements of another accredited recertification programme or during the course of a doctor's employment.	<b>Met</b>
10. Report to Council doctors who are not meeting their recertification programme requirements.	<b>In progress</b> CPD team currently reviewing processes for reporting to MCNZ as this is a new requirement.
11. Provide a method by which continuous quality improvement of the recertification programme can occur.	<b>Met</b> CPD committee
In addition, Council recommends that providers should offer an essentials knowledge quiz, which gives doctors the opportunity to learn more about Council's standards and statements. Providers might also like to use this as an opportunity to include vocation specific learning and topical issues	<b>In progress</b> Quizzes provided by MCNZ and can be included in the CPD Framework

## 2 Statistics and annual updates

Please provide data in the tables below showing:

- the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs.

The data should reflect both Australian and New Zealand activity for bi-national training programs.

If required please adjust the table to suit the College's training and education programs.

Fellows participating in and meeting the requirements of the College's CPD programs								
Number of Fellows			Fellowship participating in CPD					
Australia	New Zealand	Other	Australia		New Zealand		Other	
			Total no.	Total %	Total no.	Total %	Total no.	Total %
2037	332	84	2019	99.1%	329	99.1%	38	45.2%

Total no. of Fellows: 2453

Non-Fellows participating in and meeting the requirements of the College's CPD programs					
Non-Fellowship participating in CPD					
Australia		New Zealand		Other	
Total no.	Total %	Total no.	Total %	Total no.	Total %
17	100%	11	100%	4	100%

Total no. of Associate Member + Educational Affiliates = 32

## Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 10.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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### 10a. SIMG developments

No new significant developments were implemented in the SIMG space, the focus in the SIMG area was to embed changes made in 2019:

- The new online application was reviewed, and changes made to make the application process more streamlined and user friendly.
- Review the new subspecialist pathway and continue to create documentation to support the pathway.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for assessing overseas-trained specialists.  Please include updates on any changes made in response to COVID-19 in this section.  <i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 10b. Changes to SIMG processes

Due to COVID-19 the SIMG area had to review current processes that involve face-to-face engagement. As part of review the SIMG area made changes to the following areas:

- Prior to 2020 all Australian SIMG interviews were held face-to-face at College House in Melbourne. In 2020 the SIMG Assessment Committee approved to hold all interviews online and adapted internal processes to make it a safe and transparent process.
- The SIMG Assessment Committee is reviewing interview format going forward with the appointment of a clinical SIMG Advisor.

Information on New Zealand specific requirements can be found here:  
<http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

## 10c. Response to MCNZ additional criteria

### Standard 10.1 Assessment framework

Additional criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice

In 2020 RANZCOG developed, in consultation with MCNZ, an 'additional information form' to collect additional information from applicants to assist with assessments.

During 2020 and 2021 COVID-19 restrictions have seen RANZCOG complete assessments of IMGs using zoom online video conferencing technology.

- During 2020 assessment interviews were conducted fully online
- In 2021 we will undertake assessments with a mix of fully online and a hybrid approach where the interview panel assembles together to interview a candidate online

Information on Medical Board of Australia, *Good practice guidelines for the specialist international medical graduate assessment process*, November 2015, can be found here:  
<http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway.aspx>

## 10d. MBA Good practice guidelines

In January 2021 the MBA released the new standards for SIMGs: as part of this update RANZCOG is:

- Reviewing current regulations to align with changes to the standards.
- Implementing the summary of preliminary findings into the SIMG initial assessment process.

## 2 Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate NZ and Australian figures. Please provide separate area of need and Specialist IMG figures.

If required please adjust the tables to suit the College's training and education programs.

New Applicants undertaking Specialist International Medical Graduate Assessment		
Number of new applicants since last progress report:	Australian Numbers	New Zealand Numbers
	45	See below

Assessment of Specialist International Medical Graduates			
Phase of IMG Assessment	Australian Numbers	SC Clinical time	
Initial Assessment	41		
Interim Assessment Decision: <ul style="list-style-type: none"> <li>Not Comparable</li> <li>Partially Comparable</li> <li>Substantially Comparable</li> </ul>	NC – 18		
	PC – 14		
	SC – 15	<6months 13	12 months 2
Ongoing Assessment	N/A		
Final Assessment	10		
<b>Total:</b>			

Applications received	2014	2015	2016	2017	2018	2019	2020
<b>Generalist</b>	69	42	39	38	27	38	40
<b>Subspecialist</b>					4	3	5
<b>Area of Need (AoN)</b>	4	4	2	1	1	0	0
<b>TOTAL</b>	<b>73</b>	<b>46</b>	<b>41</b>	<b>39</b>	<b>32</b>	<b>41</b>	<b>45</b>

#### New Zealand Numbers:

SIMG Assessments	Totals
<b>Interview assessments</b>	
Equivalent	4
Satisfactory	5
Not equivalent	1
Elevation to fellowship	2
<b>Paper assessments</b>	
Equivalent	0
Satisfactory	1
Not equivalent	2
Unable to comment	1

## APPENDIX 1: RANZCOG ENGAGEMENT WITH THE HEALTH SECTOR

The College continues to engage with a wide range of external and government organisations and stakeholders in the health sector, including:

- Aboriginal Insights
- Afghan Society of Obstetricians and Gynecologists (AFSOG)
- Albury-Wodonga GP Obstetricians
- Allied Health Lead Clinical Council
- American College of Obstetricians and Gynecologists (ACOG)
- Angau Memorial General Hospital, Papua New Guinea
- Asia and Oceania Federation of Obstetrics and Gynaecology (AOFOG)
- Association for the Study of Medical Education (ASME)
- Asylum Seeker Resource Centre (ASRC)
- Australasian Birth Trauma Association (ABTA)
- Australasian College for Emergency Medicine (ACEM)
- Australasian College of Dermatologists (ACD)
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australasian Diabetes in Pregnancy Society (ADPS)
- Australasian Gynaecological Endoscopy & Surgery (AGES) Society
- Australasian Pelvic Floor Procedures Registry (APFPR)
- Australasian Sleep Association (ASA)
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Australasian Society of Breast Physicians (ASBP)
- Australasian Society of Clinical Immunology and Allergy (ASCI)
- Australasian Sonographers Association (ASA)
- Australian and New Zealand College of Anaesthetists (ANZCA)
- Australian and New Zealand Society of Blood Transfusion (ANZSBT)
- Australian and New Zealand Society of Paediatric and Adolescent Gynaecology (ANZSPAG)
- Australian and New Zealand Society of Reproductive Endocrinology and Infertility (ANZSREI)
- Australian Breastfeeding Association
- Australian Bureau of Statistics (ABS)
- Australian Catholic University (ACU)
- Australian Clinical Trials Alliance
- Australian College for Emergency Medicine (ACEM)
- Australian College of Midwives (ACM)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Commission on Safety and Quality in Health Care
- Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS)
- Australian Council on Healthcare Standards (ACHS)
- Australian Digital Health Agency
- Australian Ethical Health Alliance (AEHA)
- Australian Government Department of Health
- Australian Health Practitioner Regulation Agency (AHPRA)
- Australian Health Reform Association (AHReform)
- Australian Indigenous Doctors' Association (AIDA)
- Australian Indigenous Governance Institute (AIGI)
- Australian Indigenous HealthInfoNet
- Australian Institute of Digital Health
- Australian Institute of Health and Welfare (AIHW)
- Australian Medical Association (AMA)
- Australian Medical Association (AMA) Victoria
- Australian Medical Association Council of Doctors in Training
- Australian Medical Association Queensland

- Australian Medical Council (AMC)
- Australian Nursing and Midwifery Accreditation Council (ANMAC)
- Australian Nursing and Midwifery Federation (ANMF)
- Australian Pain Society (APS)
- Australian Pelvic Floor Registry Steering Committee
- Australian Physiotherapy Association (APA)
- Australian Preterm Birth Prevention Alliance
- Australian Private Hospitals Association
- Australian Red Cross Blood Service
- Australian Red Cross Lifeblood
- Australian Sepsis Network (ASN)
- Australian Skills Quality Authority
- Australian Society for Colposcopy and Cervical Pathology (ASCCP)
- Australian Society for Medical Research (ASMR)
- Australian Society of Clinical Immunology and Allergy (ASCIA)
- Australian Society of Gynaecologic Oncologists (ASGO)
- Australian Society of Medical Research (ASMR)
- Australian Sonographers Association (ASA)
- Australian Women's Health Network
- Australian & New Zealand Society of Reproductive Endocrinology and Infertility (ANZSREI)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Australian Medical Council (AMC)
- Birth Sense Australia & Prevention United
- Blood Matters
- Burnet Institute
- Canberra Mothercraft Society (CMS)
- Cancer Council Australia
- Cancer Council Victoria
- Centre for Health Leadership
- Centre of Research Excellence in Stillbirth (Stillbirth CRE)
- Cervical Cancer Prevention Network Philippines (CCPNP)
- Childbirth Guideline Development Group
- Children by Choice
- Choosing Wisely Australia
- Chronic UTI Australia
- Clinical Excellence Commission
- Clinical Excellence Queensland
- College of Intensive Care Medicine (CICM)
- Commission on Excellence and Innovation in Health
- Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)
- Consumers Health Forum (CHF)
- Continence Foundation of Australia
- Council of Medical Colleges (CMC)
- Council of Presidents of Medical Colleges (CPMC)
- Cultural Fusion
- Curtin University
- Department of Child Safety, Youth and Women
- Department of Health and Human Services (DHHS) Victoria
- Department of Health, Medical Services Advisory Committee (MSAC)
- Department of Veterans' Affairs (DVA)
- Doctors Assisting in South-Pacific Islands (DAISI)
- Doctors for the Environment Australia (DEA)
- Doula Training Academy
- Emergency Care Institute (ECI)

- End of Life Law for Clinicians (ELLC)
- Family Planning NSW
- Fertility Society of Australia (FSA)
- Fiji National University (FNU)
- Foundation for Alcohol Research and Education (FARE)
- General Surgeons Australia
- George Institute for Global Health
- Government of South Australia
- Government of Western Australia Department of Health
- Griffith University
- Health Education Australia Limited (HEAL)
- Health Professions Accreditation Collaborative Forum
- Healthy Male - Andrology Australia
- Indonesian College of Obstetrics and Gynecology (InaCOG)
- Indonesian Society of Obstetrics and Gynecology (POGI)
- International Federation Gynecology and Obstetrics (FIGO)
- International Stillbirth Alliance
- International Urogynecological Association (IUGA)
- Iron Deficiency Collaborative
- Japan Society of Obstetrics and Gynecology (JSOG)
- Jean Hailes for Women's Health
- Lactation Consultants of Australia & New Zealand
- Leaders in Indigenous Medical Education (LIME) Network
- London School of Hygiene and Tropical Medicine
- Marie Stopes Australia
- Maternity Choices Australia
- Medibank
- Medical Board of Australia (MBA)
- Medical Council of New Zealand (MCNZ)
- Medical Deans Australia and New Zealand (MDANZ)
- Medical Treatment Overseas Program (MTOP)
- Medical Workforce Reform Advisory Committee (MWRAC)
- Migration Council Australia (MCA)
- Monash Health
- National Alliance for Secondary Fracture Prevention (SOS Fracture Alliance)
- National Association of Practising Psychiatrist (NAPP)
- National Association of Specialist Obstetricians & Gynaecologists (NASOG)
- National Blood Authority (NBA)
- National Cervical Screening Program (NCSP)
- National Children's Digital Health Collaborative
- National Health and Medical Research Council (NHMRC)
- National LGBTI Health Alliance
- National Medical Training Advisory Network (NMTAN)
- National Pathology Accreditation Advisory Council (NPAAC)
- National Rural Health Alliance (NRHA)
- National University of Samoa
- Network of Medical College Educators
- New South Wales Health
- New Yass Hospital Maternity Working Group
- New Zealand Ministry of Health
- Northern Territory Public Hospital Network (PHN)
- NSW Australian Physiotherapy Association Women's and Men's Pelvic Health Committee
- NSW Therapeutic Advisory Group
- Obstetrical & Gynaecological Society of Malaysia (OGSM)

- Oman Society of Obstetrics and Gynaecology
- Our Bodies Our Choices
- Ovarian Cancer Australia (OCA)
- Parliament of Australia
- Parliament of New South Wales
- Parliament of Victoria
- Partnership for Maternal, Newborn & Child Health (PMNCH)
- Perinatal Anxiety and Depression Australia (PANDA)
- Perinatal Society of Australia and New Zealand (PSANZ)
- Pharmaceutical Benefits Advisory Committee (PBAC)
- Pharmaceutical Management Agency (PHARMAC) Te Pātaka Whaioranga
- Philippine Obstetrical and Gynecological Society
- Pre-Vocational Obstetrics and Gynaecology Society Australia & New Zealand (PVOGS ANZ)
- Queensland Clinical Guidelines
- Queensland Clinical Senate
- Queensland Department of Health
- Queensland Law Reform Commission (QLRC)
- Queensland Nurses and Midwives Union
- Quit Victoria
- Reconciliation Australia (RA)
- Red Cross Lifeblood
- Rheumatic Heart Disease (RHD) Australia
- Royal Australasian College of Medical Administrators (RACMA)
- Royal Australasian College of Physicians (RACP)
- Royal Australasian College of Surgeons (RACS)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCR)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Royal Australian College of General Practitioners (RAGCP)
- Royal Australian College of Medical Administrators (RACMA)
- Royal Australian College of Physicians (RACP)
- Royal Australian College of Surgeons (RACS)
- Royal College of Obstetricians and Gynaecologists (RCOG)
- Royal College of Pathologists (RCPA)
- Royal College of Pathologists of Australasia (RCPA)
- Rural Doctors Association of Australia (RDAA)
- Safer Care Victoria (SCV)
- Society of Obstetric Medicine of Australia and New Zealand (SOMANZ)
- Society of Obstetricians and Gynaecologists of Canada (SOGC)
- South Australia Health
- South Australian Abortion Action Coalition (SAAAC)
- South Australian Commission on Excellence and Innovation in Health
- South Australian Commissioner for Children and Young People
- South Australian Law Reform Institute (SALRI)
- Sri Lanka College of Obstetricians & Gynaecologists (SLCOG)
- Stillbirth Centre of Research Excellence (Stillbirth CRE)
- Tasmanian Department of Health
- Te Rōpū Whakakaupapa Urutā / National Māori Pandemic Group
- Therapeutic Goods Administration (TGA)
- Torres and Cape Hospital and Health Service
- Uniting Sydney Medically Supervised Injecting Centre (MSIC)
- University of Melbourne
- University of Papua New Guinea (UPNG)

- University of Queensland Medical Society (UQMS)
- University of Sydney
- UroGynaecological Society of Australasia (UGSA)
- Victorian Assisted Reproductive Treatment Authority
- Viral Hepatitis and Sexual Health Medicine (ASHM)
- Western Australia Department of Health
- World Health Organization (WHO)
- Yass Maternity Working Group